DECLARATION AND PO

Attorney's Docket No: PHGB 000060 US

As a below named inventor, I hereby declare that:

My residence; post office address and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the spe	ecification of which (check one)							
\boxtimes	is attached here	to							
	was filed on		as A	erial No:		and was amended on			
amendi I ackno Regulat	ment referred to about the distribution of the	e reviewed and u ove. disclose informa	understand the conte	nts of the a	above-identified specificat mination of this applicatio	ion, includ	ling the claims,	37, Code of Federa	
below a					ntor's certificate having a t				
					PPLICATION(S)	-			
	COUNTRY		APPLICATION NU	JMBER	DATE OF FILING (day, month, yea		Claim	ORITY ed Under S.C. 119	
GREA	AT BRITAIN		0012409.9	_	23-05-2000		Yes X	No	
1							Yes	No	
AP	PLICATION SERIA	LNUMBER	FILING DAT	E,	STATUS (PAT	ENTED, I	PENDING, ABAN	IDONED)	
oe true; mpriso	and further that th	ese statements w er Section 1001 o	ere made with the kn	nowledge that	ue and that all statements at willful false statements de and that such willful fal	and the lil	ke so made are p	ounishable by fine or	
			connected therewith. Jack E	list name a) E. Haken, Re	g attorney(s) and/or agent and registration number) g. No 26,902 Reg. No 27,677	(s) to pros	secute this applic	ation and transact al	
SEND CORRESPONDENCE TO: Corporate Patent Counsel U.S. Philips Corporation 580 White Plains Road Tarrytown, New York 10591							DIRECT TELEPHONE CALLS TO: (Name and telephone number) (914) 332-0222		
Dated:	26th Man	ch 2001		Inventor's S	ignature: Nober	-3-	Davis		
FULL NA	ULL NAME OF INVENTOR Last name DAVIES			First Name:	Robert	Middle	lle Name: J.		
RESIDE	IDENCE & CITIZENSHIP City HORLEY				eign Country:	Country of Citizenship: GREAT BRITAIN			
POST O	FFICE ADDRESS	Street & No: 7, WITHER		City: HORL			or Country: IGLAND	Zip Code: RH6 8BW	
Dated:				Inventor's S	ignature:				
FULL NA	AME OF INVENTOR:	Last name		First Name:		Middle	e Name:		
RESIDE	NCE & CITIZENSHIP	City		State or For	eign Country:	Count	ry of Citizenship:		
POST O	FFICE ADDRESS	Street & No:		City:		State	or Country:	Zip Code:	